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## ABSTRACT

Responsive Systems Consultation (RSC) is an approach for enhancing children's developmental outcomes and involves a psychological or educational consultant working jointly with a child's parents and teachers. The impact of the RSC on parent and teacher consultees' attitudes toward home-school collaboration and their evaluation of the consultation process were examined in this study. The study was conducted in three public elementary schools (grades K-5), two middle schools (grades 6-8), and one private elementary school (grades K-3). The participants for this study were 38 middle-class parents and 43 teachers. The data were collected over a two-year period. The results indicate a positive impact of RSC on consultees' attitudes towards home-school collaboration and an improvement in the parent-teacher relationship as reported by parents. Statistically significant differences were not observed for teachers' reports of their relationships with parents. The consultation process was rated favorably by both parent and teacher consultees. Regarding the impact of consultation on the presenting concern, 35% of all consultees reported considerable improvement and 57% reported some improvement. Overall, results indicate that RSC is a promising model for improving children's adjustment and improving parents' attitudes toward the parent-teacher relationship. Contains 12 references. (RJM)

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# Responsive Systems Consultation: A Model for Conjoint Consultation

## Preliminary Results

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## Abstract

Responsive Systems Consultation (RSC) is an approach to enhancing children's developmental outcomes that involves a psychological or educational consultant working jointly with a child's parents and teachers. RSC aims to involve parents and teachers as co-equal partners in a shared decision-making process regarding ways to meet the child's educational, behavioral, and emotional needs. The consultant attempts to engage the participants in a collaborative process that addresses the multiple and interactive influences of the systems that impinge on the child through a series of four phases: (1) Initial problem definition, (2) problem assessment, goal setting, and intervention development, (3) intervention implementation, and (4) evaluation of the intervention. The purpose of this study was to examine the impact of the RSC on parent and teacher consultees' attitudes toward home-school collaboration and their evaluation of the consultation process. Outcome data were available for 32 cases. Differences between means on the pre-and post-attitude and relationship scales were analyzed by use of a *t* test for correlated samples for both parents and teachers. The results indicated a positive impact of RSC on consultees' attitudes towards home-school collaboration and an improvement in the parent-teacher relationship as reported by parents. Statistically significant differences were not observed for teachers' reports of their relationships with parents. The consultation process was rated favorably by both parent and teacher consultees. Regarding the impact of consultation on the presenting concern, 35% of all consultees reported considerable improvement and 57% reported some improvement. Overall, results indicate that Responsive Systems Consultation is a promising model for improving children's adjustment and improving parents' attitudes toward the parent-teacher relationship.

## Responsive Systems Consultation: A Model for Conjoint Consultation

### Preliminary Results

Responsive Systems Consultation (RSC) is an approach to enhancing children's developmental outcomes that involves a psychological or educational consultant working jointly with a child's parents and teachers. Developed by Jan Hughes and Jan Hasbrouck, RSC is based on the premise that coordination between home and school system is often necessary in order to have a significant positive impact on children's behavioral adjustment and academic performance. A growing body of research demonstrates a link between parent participation and significant improvements in academic performance (Henderson, 1987; Swap, 1990), fewer discipline problems, increased self-esteem and social skills (Epstein, 1985), and improvements in parents' attitudes towards school and school personnel (Bechner, 1986). Research has corroborated that a combination of parental involvement both at home and school is most effective (Kagan, 1984). In order to accomplish this union, parents and teachers need to collaboratively work together to solve problems. However, there is little conceptual or empirical work investigating methods of linking individuals in the home and school systematically in collaborative problem-solving consultation (Sheridan & Kratochwill, 1992). RSC provides a model for partnerships between home and school systems through conjoint consultation to assure students' success at school.

Responsive Systems Consultation is based on a voluntary relationship wherein either the child's teacher or the child's parent may request RSC for a home- or school-related concern. Through a series of interviews with the consultant, some of which involve parents and teachers together and some of which may occur separately with the parents or teachers, the consultant guides the participants through a problem-solving process that involves four phases: (1) Initial problem definition, (2) problem assessment, goal setting, and intervention development, (3) intervention implementation, and (4) evaluation of the intervention. At each step, the consultant strives to obtain a consensus among participants regarding the nature and severity of the child's problem, consultation goals, an intervention plan, and methods of evaluating the effectiveness of the intervention plan. Consistent with the literature on the benefits of parent involvement on school success, RSC aims to involve parents and teachers as co-equal partners in a shared decision-making process regarding ways to meet the child's educational, behavioral, and emotional needs.

Responsive Systems Consultation attempts not only to enhance child adjustment but also to strengthen the parent-teacher relationship. One goal of RSC is for parents to feel ownership for their child's educational successes and confident of their ability to exert a positive influence on their child's school performance. This goal is based on the belief that when parents are meaningfully involved in their children's education and when the same behavioral expectations or standards and values are reinforced at home and at school, children are less likely to follow deviant developmental pathways (Christenson, Rounds, & Franklin, 1992; Hawkins & Weis, 1985).

Responsive Systems Consultation is based on theory and empirical literature in consultation as well as in developmental psychopathology. Because children are embedded in multiple systems (family, school, peer group, neighborhood) that exert both direct and indirect influence on their behavior, effective interventions often require coordination across systems (Willems, 1977). Also, the meso-systems, defined as the relationship between home and school systems, is important to children's development. The consultant attempts to engage parents and teachers in a collaborative process that addresses the multiple and interactive influences of the systems that impinge on the child. Thus, the intervention may focus on one or some combination of these systems and the interaction among systems. Goals are jointly formulated and based on an individual assessment of child and child's socialization experiences within important systems (parent-child, school, peer group).

The purpose of this study was to evaluate the impact of RSC on teachers' and parents' attitudes toward home-school collaboration and their relationship with each other. It further examined the consultees' satisfaction with the consultation process, their evaluation of the effectiveness of the consultant, and treatment outcomes.

## Method

The study was conducted in 3 public elementary schools (grades k-5), 2 middle schools (grades 6-8), and 1 private elementary school (grades k-3) in a small, racially diverse city Texas. Introducing the participating schools to the Partnerships Assuring School Success (PASS)<sup>1</sup> program was accomplished in a variety of ways depending on the schools' organizational channels. Conversations with principals, presentations at staffings and pre-referral team meetings, and meetings with interdisciplinary educational service teams were carried out as needed. In three of the schools the principal served as the primary referral source. In the remaining schools an interdisciplinary team or the pre-referral team acted as the referral source. Once referrals were made, they were assigned to a consultant. After describing the PASS program and its purpose to the child's parent and teacher, the consultant obtained their consent for participation.

The data for the present study was collected over two years during which 42 cases were referred to PASS. Of these 42 cases, 38 resulted in at least one conjoint consultation session along with individual meetings with the teacher or parent as required, 2 resulted in teacher-only consultation as parents declined participation, and for the remaining two parents did not consent. Of the 38 conjoint cases, two cases were terminated prior to collection of post-consultation data due to child suspension from school. Approximately 29% of the consultants had one conjoint meeting, 50% had 2 or 3 meetings, while 21% met conjointly at least 4 to 11 times. Outcome data was available for 32 cases of the 36 completed conjoint cases (parent and/or teacher consultees). For the remaining cases, outcome data is still in the process of being collected, and therefore could not be included in this analysis.

The participants for this study were 38 middle-class parents (34 mothers and 4 fathers) and 43 teachers. The number of teachers exceeds the number of cases because more than 1 teacher participated in 4 of the cases. Forty seven percent of the referred students were white, 22% African-American, and 31% Mexican-American. Demographic characteristics of the participants are presented in Table 1. These demographics are representative of the demographics of the participating schools. The emphasis of the consultation cases examined here primarily

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<sup>1</sup> Partnerships Assuring School Success (PASS) was the term that was used with parents, teachers, and principals at schools to introduce the Responsive Systems Consultation model based program.

concerned the clients' academic (65%), behavioral (26%), affective (6%), and social (3%) problems.

Consultants were 21 first- through third-year doctoral students and 2 school psychology faculty members (18 females and 5 males) at Texas A&M University. Further details are provided in Table 1. Consultants were trained in the RSC model over a two semester course sequence consultation class for doctoral students. The content of these courses included extensive readings on various consultation models; instructor modeling of consultation skills; behavioral rehearsal in role play situations; self-monitoring of consultation skills using skills checklists; and feedback from classmates and instructors using the same skills checklists. Once consultants had demonstrated adequate competency in consultation skills based on video-taped simulation cases, they were eligible for receiving referrals. All student consultants received weekly supervision from one of three course instructors or supervisors, all of whom are doctoral-level and experienced in school consultation.

### Instruments

Parent Attitude Survey (PAS): The PAS was designed to measure parents' attitude towards home-school collaboration. The scale consists of 12 items with a coefficient alpha of .80. Ratings were obtained on a 5-point Likert-type scale. Examples of items include: "The teachers at this school want parents to call them with concerns or questions," "I am informed about what my child is doing at school."

Teacher Attitude Survey (TAS): The TAS is a 12-item, 5-point rating scale that assesses the teachers' attitude towards home-school collaboration. The coefficient alpha for the TAS was .68. Example items include: "I am confident of my skills in communicating with parents," "Most parents want to cooperate with teachers in helping their children."

Parent-Teacher Relationship Scale (PTRS-II): The PTRS-II (Vickers & Minke, 1995) is a 24-item, 5-point rating scale that assesses the respondents' perception of the quality of relationship between the parties (parent and teacher). Exploration of its construct validity conducted by Vickers and Minke (1995) indicated a simple factor solution. Separate parent and teacher forms were used. In this sample, coefficient alphas were .91 (parent version) and .89 (teacher version). Examples of items included: "It is difficult for us to work together," "When

there is a problem with this child, this parent is all talk and no action,” “ Communication is difficult between is.”

Conjoint Consultant Evaluation Form (CCEF): The CCEF is a 26-item questionnaire designed to measure consultees' perceptions of consultant effectiveness and satisfaction with consultation and the intervention. Twelve of the items for the CCEF were adapted from the Consultant Evaluation Form (Erchul, 1987). Ratings for 19 items were obtained on a 7-point Likert-type scale. The remaining seven semi-structured questions focused on the degree of implementation of the intervention and its effectiveness. The form was developed separately for the parent and the teacher. The coefficient alphas for the 19 items on both the versions (parent and teacher) was .97. Results of principal component factor analysis supported a simple factor structure for the CCEF.

### Procedure

The consultees were asked to complete the attitude and relationship surveys before the beginning of the first interview, and also two weeks after the termination of the last consultation session. Data for the relationship scale (PTRS-II) was only collected during the second year of PASS ( $n = 25$ ). The CCEF and attitude surveys were mailed to the consultees two weeks after termination of consultation. Parents and teachers completed the measures at home and school, respectively. Consultees were assured of the confidentiality of their responses



## Results

### Pre to Post Change in Attitude Survey Ratings by Consultees

Means and standard deviations of pre-and post-attitude surveys were computed and the differences between means were analyzed by use of a t-test for correlated samples. The difference between pre and post attitude ratings on the PAS and TAS were statistically significant for the mothers,  $t(1, 16) = 2.15$ ,  $p < .047$ , effect size = .54, and teachers,  $t(1, 26) = 2.20$ ,  $p < .03$ , effect size = .43. The results suggest a significant improvement in the consultees' attitude towards home-school collaboration. The smaller number of mothers and teachers included in these analyses, relative to the number of cases, is due to missing data for either pre or post measures. Too few fathers participated in the program to be included in this preliminary analyses.

### Pre to Post Change in Relationship Ratings by Consultees

Similar analyses as above were performed for the pre-and post-PTRS-II. A statistically significant difference was observed for the mothers',  $t(df = 5) = 2.66$ ,  $p < .04$ , effect size = .32) ratings on the scale indicating an improvement in the mothers' quality of relationship with the teachers. However, no statistically significant differences were observed for the teachers.

### Analysis of CCEF (parent and teacher version)

On this 19 item, 7-point scale, with positive scores indicating favorable evaluation of the program and the consultant, the mean item score for the mothers was 6.4 ( $SD = .88$ ) and 5.9 ( $SD = 1.14$ ) for teachers. With regard to an item asking consultees to indicate the degree of improvement in the concern addressed, 55% ( $n = 11$ ) of the mothers reported some improvement, 40% ( $n = 8$ ) reported considerable improvement, and 5% ( $n = 1$ ) reported no improvement. Approximately 57% ( $n = 17$ ) of the teachers reported some improvement, 31% ( $n = 9$ ) reported considerable improvement, 7% ( $n = 2$ ) reported no improvement, and 3.4% ( $n = 1$ ) reported that the problem got worse.

## Conclusions

The results of this preliminary study indicate that Responsive Systems Consultation is well received by parent and teacher participants. Mean item ratings of 6.4 (mothers) and 5.9 (teachers) indicate high level of reported satisfaction with the consultation process. The ratings for mothers are comparable with Consultant Evaluation Form (CEF) ratings in dyadic consultation (Erchul, Hughes, & Meyers, 1995). Ratings for teachers are somewhat lower than is typically reported in dyadic consultation. The somewhat lower evaluations may be result of the fact that consultants are not able to focus exclusively on the teachers but must attempt to join with both parties. Pre to post changes in self-reported attitude for all consultees is suggestive of RSC's positive impact on the perceptions that parents and teachers have about each other, about home-school collaboration, and of the problem context. The results also demonstrated the benefit of joining parents and teachers in collaborative problem solving in altering the relationship between parents and teachers as perceived by mothers.

It is well documented that parent involvement in education has a strong, positive impact on student achievement, behavior, social skills and self-esteem. The influence of multiple systems (family, school, peer group, neighborhood) on child's development necessitates the coordination across these socialization agencies. As Willems (1977) emphasized, interventions should reinforce a match between the school and home environment. As a health service provider, one should be responsive to the needs of parents and teachers and strive to link the two systems in collaborative relationships to enhance the students' school adjustment. Responsive Systems Consultation serves to accomplish this goal by forming a collaborative partnership between home and school systems. Involving parents as co-equal partners empowers them to contribute to their child's success at school. As results indicated, mothers felt an improvement in their relationship with the teacher after being involved in collaborative problem-solving.

Due to the nature of this research there was an absence of a control group. Consequently, one cannot rule out that change was a result of demand characteristic or desire to please the researcher. Additionally, process-related factors could not be controlled (e.g. number of conjoint sessions, concerns addressed, etc.), and therefore, their impact on the success of RSC could not be examined. As this study is a preliminary one, outcome data is currently unavailable for many consultees from year 2. Therefore, conclusions are based on the assumption of no differences

between consultees who returned the outcome measures versus those for whom data is missing at this time. Finally, more objective measures of child improvement are needed to assess the impact of RSC on children. Currently, goal attainment scaling is being used to provide a more objective measure of child change.

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Table 1

**Demographic Characteristics****Mean Age and Educational Level of Consultees**

Mother's Age (n=34)		36.5
Mother's Education		Part College
Father's Age (n=29)		41.2
Father's Education		Part College
Teacher's Gender	Female (n)	39
	Male (n)	4
Teacher's Education	Bachelors	35
	Masters	6
	Ph.D.	2
Avg.Years of Teaching		11

Ethnicity	%	
	Family	Teacher
White	47.2	90.0
African American	22.2	2.5
Mexican American	30.6	7.5
Asian American	0.0	0.0

**Student Characteristics**

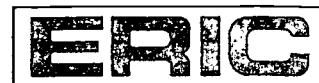
Grade		4.61
Gender	Male (n)	22
	Female (n)	14
Disability	LD	1
	ADHD	3
	Other	2
Family Composition	Remarried	3
	Single	10
	Both	17

### Consultant Demographics

Consultant Age		31.9
Gender	Male (n)	5
	Female (n)	18
Program of Study	School Psy	22
	Special Ed.	1
Degree Earned	Bachelors	4
	MA / MS	17
	Ph.D.	2
Years of Professional Experience	0-2 years	8
	3-5 years	9
	6-8 years	2
	>9 years	4



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